

SECRET
(When Filled In)

REQUEST FOR PAYMENT AND POSTING VOUCHER										VOUCHER NO. — DATE 2-12											
TO : Accounts Division (Room Bldg.) THROUGH: Monetary Division (Room Bldg.)										DIVISION VOUCHER NO. <i>27 Aug. 65 1075</i>											
Request payment be made and/or transaction be recorded as indicated below. Pertinent documentation in support of this transaction is on file in this office.																					
SUBJECT										INVOICE NO(S). <i>1 and 2</i>											
PAYMENT TO <i>Watkins Johnson Company</i>										CONTRACT NO. <i>AM-6000</i>											
AMOUNT <i>\$ 2,183.94</i>										CHECK TO BE DATED											
CASH PAYMENT		<input checked="" type="checkbox"/> U.S. TREASURY CHECK		AGENT CASHIER CHECK		BANK CASHIER'S CHECK															
THE ATTACHED CHECKS AND/OR CASH IN THE AMOUNT OF \$ _____ SHOULD BE TAKEN INTO ACCOUNT AS INDICATED BELOW.																					
I HEREBY AUTHORIZE MY AGENT, WHOSE SIGNATURE APPEARS BELOW, TO RECEIVE \$ _____ OF OFFICIAL FUNDS IN CURRENCY ON MY BEHALF.																					
DATE		SIGNATURE OF PAYEE			DATE		SIGNATURE OF AGENT			DATE		SIGNATURE OF RECIPIENT									
DESCRIPTION - ALL OTHER ACCOUNTS 13 - 33		34 - 39 STATION CODE		40 - 41 E X C P O N E		42 - 47 OBLIG. REF. NO.		48 - 49 PAY PER. LIQ. CODE		50 CA OR C O S T YR.		51 - 54 GENERAL LEDGER ACCT. NO.		55 - 66 ALLOT. - COST - FAN ACCOUNT SYMBOL		67 - 70 OBJECT CLASS		71 - 80 AMOUNT			
ADVANCE ACCOUNTS 13 - 27		SHIP. DOC. NO.		REC. RPT. NO.		ADVANCE ACCT. NO.		EMP. NO.						61 - 66 CK. NO.		68 - 70 DUE DATE		DEBIT CREDIT			
<i>Watkins</i>		<i>AM-6000</i>				<i>58 000097</i>						<i>601.0 51 63-6000</i>		<i>2540</i>		<i>2 18394</i>		<i>XB</i>			
																		<i>2 18394</i>			
<i>Original Address</i> <i>✓ 1 Contract AM-6000 (Post)</i> <i>1 - Vouch</i>																					
DATE		DATE		REVIEWED BY		DATE		CERTIFIED FOR PAYMENT OR CREDIT		DATE		SIGNATURE OF CERTIFYING OFFICER		SIGNED							
<i>27 Aug 65</i>																					

Standard Form No. 1034
7 GAO 5000
1034-110

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

Page 1 of 1

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED		VOUCHER NUMBER			
		CONTRACT NUMBER AND DATE AM-6000		PAID BY			
		REQUISITION NUMBER AND DATE					
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Watkins-Johnson Company</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Los Altos, California</div>		DATE INVOICE RECEIVED		DISCOUNT TERMS			
		PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER			
		SHIPPED FROM		TO		WEIGHT	
		NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	
				<div style="text-align: center;"><u>Invoice Numbers</u></div> <div style="display: flex; justify-content: space-between; align-items: center;"> 1 (Orig Inv Att) \$269.70 </div> <div style="display: flex; justify-content: space-between; align-items: center;"> 2 " " " 1,914.24 </div>			
				<div style="display: flex; justify-content: space-between; align-items: center;"> UNIT PRICE AMOUNT </div> <div style="display: flex; justify-content: space-between; align-items: center;"> COST PER (¹) </div>			
				<div style="display: flex; justify-content: space-between; align-items: center;"> TOTAL \$2,183.94 </div>			
PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input checked="" type="checkbox"/> ADVANCE		APPROVED FOR BY ² TITLE		EXCHANGE RATE = \$1.00 DIFFERENCES			
Pursuant to authority of the Department of the Treasury, the undersigned hereby certifies that the above is a true and correct copy of the original voucher as filed in the files of the Department of the Treasury.		Amount verified; correct for		Contracting Officer			
ACCOUNTING CLASSIFICATION (Appropriation symbol must be shown; other classification optional)							
PAID BY	CHECK NUMBER		ON TREASURER OF THE UNITED STATES		CHECK NUMBER		
	CASH		DATE		PAYEE ³		
	\$						
					PER		
					TITLE		

¹ When stated in foreign currency, insert name of currency.

² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

WATKINS JOHNSON COMP. Y
electron devices
electronic systems

3333 Hillview Avenue
Telephone: (415) 326-8830

Palo Alto, California
TWX 910-373-125

(D-U-N-S 912-1534)

INVOICE NO. 1
INVOICE DATE 7/13/65
CUST. ORDER NO. 4357
GOVT. CONTRACT NO.
PRIORITY RATING
OUR ACK. NO.

SOLD TO

SHIP TO

U. S. Government

(Aronics Corp.)

SUBJ. TO RENOG.	F.O.B.	VIA	W/B NO.	PPD COLL NO. PKGS	TERMS: NET 30 DAYS
<input type="checkbox"/> YES <input type="checkbox"/> NO	PALO ALTO, CALIF.			<input type="checkbox"/> <input type="checkbox"/>	NO STATEMENT WILL BE RENDERED
DATE SHIPPED			SPECIAL INSTRUCTIONS:		

QUAN. ORDERED	MODEL NO.	DESCRIPTION	QTY. BACK ORDERED	QTY. SHIPPED	UNIT PRICE	TOTAL
					to 2 July 1965	Cumulative thru 2 July 1965
		Direct Materials			-----	-----
		Direct Labor			88.20	88.20
		Overhead 142%			125.24	125.24
		Travel			-----	-----
		Other Direct Charges			-----	-----
		General & Admin. Exp. 17%			<u>36.28</u>	<u>36.28</u>
		Total Costs			249.72	249.72
		Fixed Fee 3,995.00				
		Fixed Fee .5% Complete <u>19.98</u>				19.98
		Less fee Previous -----			<u>19.98</u>	
		Total Subject to Reimbursement			269.70	269.70
		Net amount of this Claim				<u><u>269.70</u></u>

I hereby certify that the above bill is correct and just; and that payment therefor has not been received.

Administrative Director
Walkins-Johnson Company

SELLER HEREBY CERTIFIES THAT THE ABOVE BILL IS CORRECT AND JUST AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED.

☐ FOR RESALE
☐ NOT FOR RESALE

WATKINS JOHNSON COMPANY
 electron devices
 electronic systems

O-U-N-S 912-1534

INVOICE NO.
 INVOICE DATE
 CUST. ORDER NO.
 GOVT. CONTRACT NO.
 PRIORITY RATING
 OUR ACK. NO.

2
 12 August 1965
 4357

3333 Hillview Avenue
 Telephone: (415) 326-8830

Palo Alto, California
 TWX 910-373-1255

AUG 16 2 05 PM '65

SOLD TO

SHIP TO

U.S. GOVERNMENT

SUBJ. TO RENOG.	F.O.B.	VIA	W/B NO.	PPD COLL NO. PKGS	TERMS: NET 30 DAYS
<input type="checkbox"/> YES <input type="checkbox"/> NO	PALO ALTO, CALIF.			<input type="checkbox"/> <input type="checkbox"/>	NO STATEMENT WILL BE RENDERED
DATE SHIPPED			SPECIAL INSTRUCTIONS:		

QUAN ORDERED	MODEL NO.	DESCRIPTION	QTY. BACK ORDERED	QTY. SHIPPED	UNIT PRICE	TOTAL
					3 July - 30 July 1965	Cumulative to 30 July 1965
		Direct Labor			621.05	709.25
		Overhead 142%			881.89	1,007.13
		General & Administrative Expense 17%			<u>255.50</u>	<u>291.78</u>
		Total Costs			1,758.44	2,008.16
		Fixed Fee			<u>155.80</u>	<u>175.78</u>
		Total Subject to Reimbursement			1,914.24	2,183.94
		Less Invoice #1 Billed and/or Paid				<u>269.70</u>
		Net Amount of this Claim				<u><u>1,914.24</u></u>
I hereby certify that the above bill is correct and just; and that payment therefor has not been received.						
Administrative Director Watkins-Johnson Company						
SELLER HEREBY CERTIFIES THAT THE ABOVE BILL IS CORRECT AND JUST AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED.					<input type="checkbox"/> FOR RESALE <input type="checkbox"/> NOT FOR RESALE	